

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 3.33

Primary Registration District No. 3.074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
218 S. Kings Highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) 30 yrs

3. (a) PRINT FULL NAME Lura Belle Sexton

3. (b) If veteran, name war. — 3. (c) Social Security No. —

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife L. H. 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec 24 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 19 If less than one day hr. min.

9. Birthplace Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Tom Hughes

12. Name Tom Hughes 13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann 15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant L. H. Sexton

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 8-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Sikeston Mo

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Sikeston Mo

19. (a) 8-28-43 (b) Laurie Largent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 10 1943 to Aug 13 1943
that I last saw him alive on Aug 13 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Rectum

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

While at work (Specify type of place) (e) Means of injury —

23. Signature Dr. H. P. Newell (M. D. or other?) —

Address Sikeston Mo Date signed —

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 943-1162

Date Filed 4-13-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Liteton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.